

# Planning to Implement an Evidence- Based Practice Model in Early Childhood Intervention

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# Evidence-Based vs. Traditional Paradigm

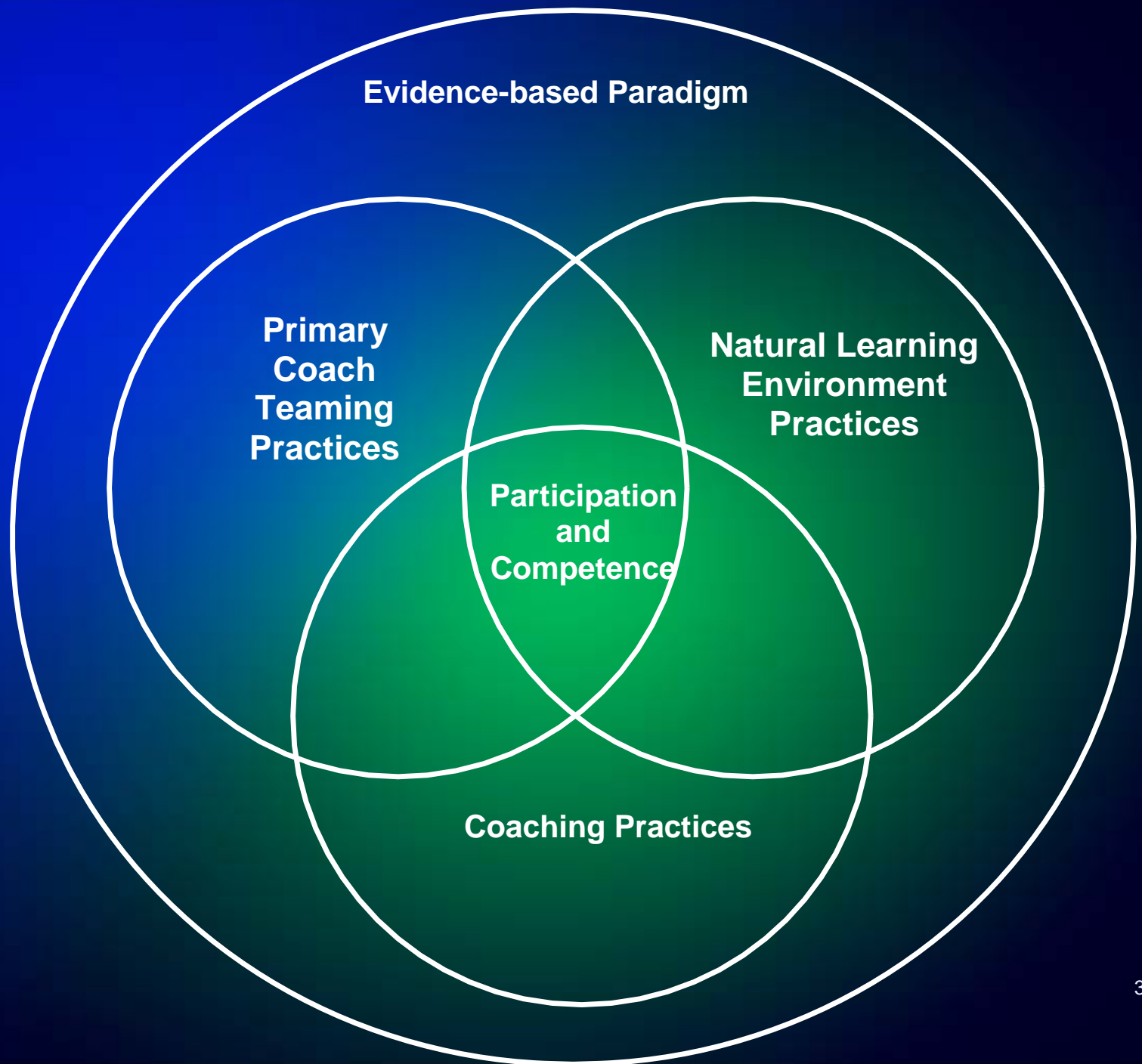
## Evidence-Based

- Promotion
- Capacity-building
- Strengths-based
- Resource-based
- Family-centered

## Traditional

- Treatment
- Expertise
- Deficit-based
- Service-based
- Professionally-centered

(Dunst, 2000)



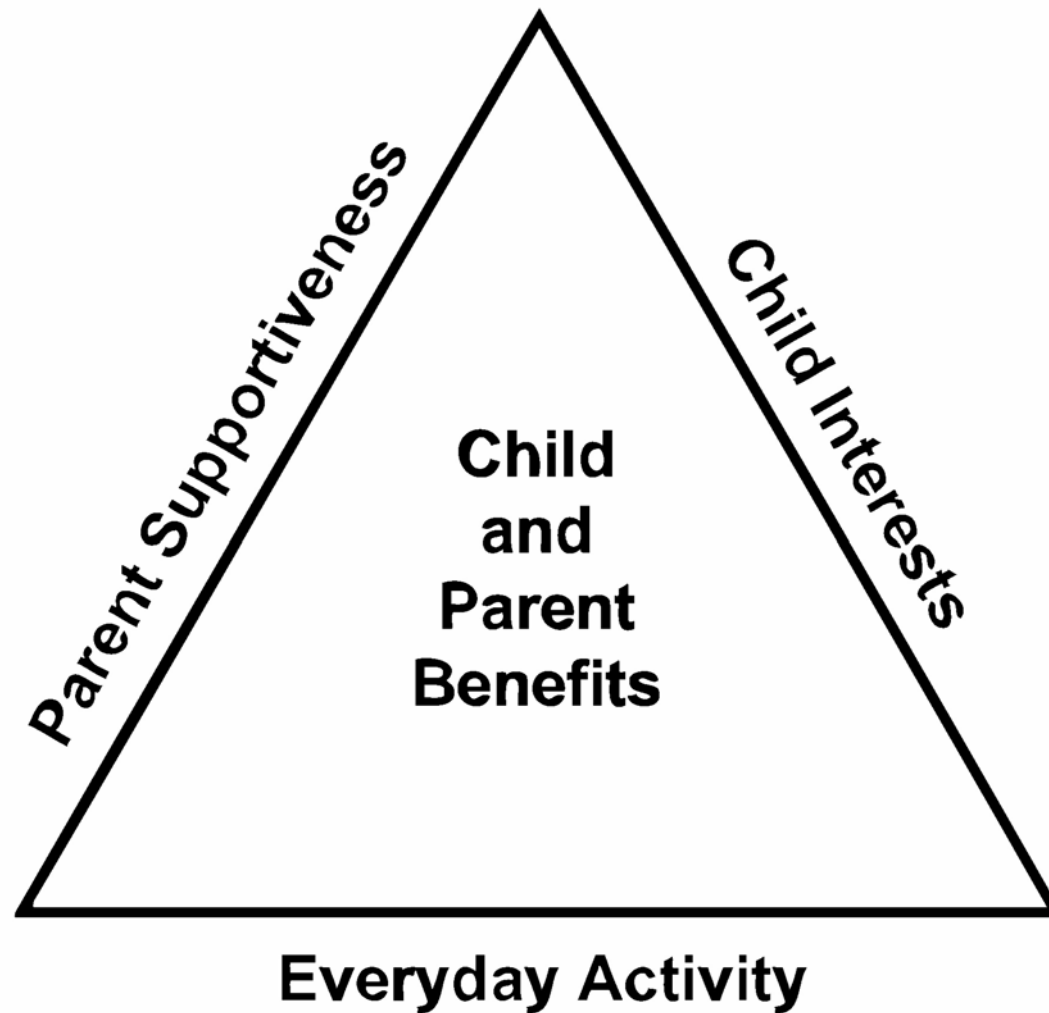
# Natural Learning Environment Practices

“...the provision of interest-based child learning opportunities as part of everyday family and community activities by parents (and other primary caregivers) where parent responsiveness and encouragement are used to support child learning and the development of socially-adaptive, functional capabilities.” (p. 2)

(Dunst, 2006)

# Characteristics of Natural Learning Environment Practices

- Child interest
- Everyday activity
- Parent supportiveness





# Operational Definition of Coaching

An adult learning strategy in which the coach promotes the learner's ability to reflect on his or her actions as a means to determine the effectiveness of an action or practice and develop a plan for refinement and use of the action in immediate and future situations.

(Rush & Shelden, 2005)

# Characteristics of Coaching

- Joint Planning
- Observation
- Action/Practice
- Reflection
- Feedback



# Operational Definition of the Primary Coach Approach

The primary coach approach to teaming is when one member of an identified multidisciplinary team is selected as the team lead, receives coaching from other team members, and uses coaching with parents and other care providers.

# Characteristics of Primary Coach

- An identified team of individuals from multiple disciplines having expertise in child development, family support, and coaching is assigned to each family in the program.
- One team member serves as team lead for the care provider(s).
- The team lead receives coaching from other team members through ongoing planned and spontaneous interactions.

# Primary Coach – Implementation Conditions

- All therapists and developmental specialists on the team must be available to serve as a team lead.

# Primary Coach – Implementation Conditions

- All team members attend regular team meetings for the purpose of colleague-to-colleague coaching. Coaching topics at team meetings are varied and include specific information for supporting team members in their role as a team lead for the families in the program.

# Primary Coach – Implementation Conditions

- The team lead is selected based upon desired outcomes of the family, rapport/relationship between coach and learner, and knowledge and availability of the coach and family.

# Primary Coach – Implementation Conditions

- When a team member other than the team lead is to visit the family, preference is for a joint visit, so that other team members can provide coaching to the Team Lead.
- If separate, individual visits occur, it is the Team Lead's responsibility to conference with the individual and share the information among all team members.



# Primary Coach – Implementation Conditions

- The team lead for a family should change as infrequently as possible. Reasons for changing the primary coach include a request by a family member or other care provider; or when a team lead believes that even with coaching from other team members he or she is ineffective in supporting the care providers.

# Characteristics of Teaming

Teams should consist of individuals who:

- are agreeable
- are conscientious
- have high general mental ability
- are competent in their area of expertise
- are high in openness to experience and mental stability
- like teamwork
- have been with the organization long enough to be socialized

(Bell, 2004) (cont.)

# Characteristics of Teaming

- Team task(s) should allow members to use a variety of skills (Bell, 2004)
- Team task(s) should result in meaningful work (Bell, 2004)
- Team's work should have significant consequences for other people (Bell, 2004)
- Team should generate feedback about how the team is performing (Bell, 2004)
- Number of team members should be appropriate for the task (Bell, 2004; Larsson, 2000)
- Teams should have some degree of self-managing abilities (Bell, 2004)
- Teams should have a common planning time (Flowers, Mertens, & Mulhall, 1999)

# Strategies for Establishing a Core Team

- A core team must minimally consist of equal representation of the following disciplines: special educator/early childhood educator/developmental specialist, occupational therapist, physical therapist, and speech-language pathologist.
- All roles must be represented.

# Strategies for Establishing a Core Team

- Service coordinators are always part of the team
- Each team must have sufficient numbers of service coordinators to support all families.

# Strategies for Establishing a Core Team

- A core team must also have access to a psychologist and social worker with the expertise and capacity to work with teams and directly with the family in concert with the team lead.



# Arizona Process

- **Established regions considering multiple factors, including:**
  - Number of monthly referrals (FY 2005 data)
  - Number of children enrolled monthly (FY 2005 data)
  - Number of units of core services provided to eligible children (FY 2005 data)
  - Geographic area to be covered based on local agency and public input
- **Projected number of teams needed per region**

# Strategies for Establishing a Team Within a Region

- Guidance for team ratios considers Arizona's uniqueness and multiple variables, which include:
  - Percentage of referrals
  - Percentage of eligible children
  - New practice model
  - Geography
- The following guidance recognizes the following target caseloads:

For a dedicated service coordination model:

  - Service coordinators = 3 per team @ approximately 40 families per SC
  - DSI, OT, PT, SLP = approximately 100-125 families per team

# Strategies for Establishing a Team Within a Region

- For a combined role (where SC also serves as another discipline on the team), caseloads will vary depending upon the role and responsibilities of the individual
- In rural areas, caseloads will be less given the increased drive time necessary to visit with family
- Rural caseloads will vary depending upon distance

# Strategies for Establishing a Team

- Determine distribution of eligible families across catchment area/region
- Identify the area the team is to cover (i.e., counties, zip codes, school districts) based on family distribution
- Assign available practitioners to teams beginning with those who can give the most time to the program

# Considerations for Teams

- Team Meetings
  - Teams that meet weekly learn and implement the practices
  - Teams that meet weekly have higher accountability among team members
  - Teams meet on average less than 1 ½ hours per week
  - When coaching occurs at team meetings, the practices are implemented
  - Meetings are more productive when guided by a competent, consistent facilitator
  - All team members attend the team meetings
  - The order in which items occur on the agenda matters

(Shelden & Rush, in press)

# Considerations for Teams

- Early Intervention Process
  - Same team should support families from initial referral through transition
- Joint Visits
  - 15-20% of total visits are joint visits
  - Disciplines other than core, may require more joint visits
  - Three steps are required for joint visits to be effective
- Changes in Team Lead
  - Team leads do not change frequently

(Shelden & Rush, in press)



# Considerations for Teams

- Time
  - Moving to a primary coach approach takes intensive support over time
- Leadership
  - Administrative support for use of the approach is essential
  - Program administrators must attend at least some team meetings
- Service Coordination
  - Primary coach approach works with any type of service coordination model

(Shelden & Rush, in press)

# Ideas for Streamlining Referrals

- Examine your referral coordination process
- Develop a consistent explanation of the program to families
- Gather information regarding family's resources, priorities, & concerns during initial conversations
- Analyze your eligibility determination process
  - Informed clinical opinion
  - Presumptive eligibility
  - Testing procedures
- If eligible, continue assessment process

# Ideas for Scheduling

- Evaluation partners – designated days for evaluation
- Evaluation notebook

# How the Process Looks for New Referrals:

1. During the initial conversation with family members and care providers identify child's interests, and family's resources, priorities and concerns.
2. Conduct the eligibility evaluation and determine eligibility.

# How the Process Looks, cont'd

3. Conduct assessment across activity settings to identify the supports necessary to promote the child's participation.
4. Develop functional, discipline-free participation-based IFSP outcomes to reflect child's interests and care providers' priorities.

# How the Process Looks, cont'd

5. Select team lead and determine frequency, intensity, and duration of supports based on the
  - best match between team lead and care provider expertise
  - Availability of necessary coaching to achieve IFSP outcomes as quickly as possible
6. Determine frequency, intensity and duration of other team members



# Questions & Discussion



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